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Please type a p	olus sign (+) inside this box → +		PTO/SB/05 (4/98) Approved for use through 09/30/2000. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Inder the Pape	erwork Reduction Act of 1995, no persons are required		nd to a collection of information unless it displays a valid OMB control number.
	UTILITY	Attorne	ey Docket No. 12-1109
PA <sup>-</sup>	TENT APPLICATION	First In	nventor or Application Identifier Joseph M. Silva
	TRANSMITTAL	Title	See 1 in Addendum
(Only for new	nonprovisional applications under 37 C.F.R. § 1.53(b))	Expres	ss Mail Label No. EF238848352US
	APPLICATION ELEMENTS hapter 600 concerning utility patent application contents		Assistant Commissioner for Patents  ADDRESS TO: Box Patent Application Washington, DC 20231
	Fee Transmittal Form (e.g., PTO/SB/17)		5. Microfiche Computer Program (Appendix)
2. X St (p) -1 -0	Submit an original and a duplicate for fee processing)  pecification [Total Pages]  14  Descriptive title of the Invention  Cross References to Related Applications  Statement Regarding Fed sponsored R & D  Reference to Microfiche Appendix	] ]	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Copy  b. Paper Copy (identical to computer copy)  c. Statement verifying identity of above copies
– E	Background of the Invention		ACCOMPANYING APPLICATION PARTS
3. X Dr  4. Oath or a. b.   *NOTE FOR FEES, A SMAIF ONE FILE  16. If a CO  Prior api For CONTINU	ontinuation Divisional Continuation-in- plication information: Examiner  JATION or DIVISIONAL APPS only: The entire discle	ng ation, 3(b).  NITTY CEPT28).  and sup.	13. Statement(s) Statement filed in prior application Status still proper and desired  14. Certified Copy of Priority Document(s) (if foreign priority is claimed)  15. Other:  Deply the requisite information below and in a preliminary amendment:
reference. Ti	ne incorporation <u>can only</u> be relied upon when a po	rtion ha	is been inadvertently omitted from the submitted application parts.
	17. CORRESPO	NDEN	ICE ADDRESS
Custom	ner Number or Bar Code Labe I (Insert Customer No.	or Attach	or X Correspondence address below h bar code label here)
Name	Robert W. Keller		
	TRW Inc.		
Address	Law Dept.		
	One Space Park, Bldg. E2/6051		
City	Redondo Beach Stat		A Zip Code 90278
Country	U.S.A. Telephone	31	10-812-4910 Fax 310-812-2687
Name (F	Print/Type) Robert W. Keller	11	Registration No. (Attorney/Agent) 25,347;

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## Attachment to PTO/SB/05 (4/98) Utility Patent Application Transmittal

1. METHOD AND SYSTEM FOR INITIATING WIRELESS PHONE CALLS

PTO/SB/17 (12/99)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## **FEE TRANSMITTAL** for FY 2000

Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

(\$)750.00

Complete if Known		
Application Number		
Filing Date	June 5, 2001	
First Named Inventor	Joseph M. Silva	
Examiner Name	Unassigned	***
Group / Art Unit	N/A	
Attorney Docket No.	12-1109	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES					
- indicated lees and credit any overpayments to.	Large EntitySmall Entity Fee Fee Fee Fee Fee Fee Description	Eas Daid				
Deposit Account 20-1515	Code (\$) Code (\$)	Fee Paid				
Number 20 1313	105 130 205 65 Surcharge - late filing fee or oath	0.00				
Deposit	127 50 227 25 Surcharge - late provisional filing fee or cover sheet.	0.00				
Account Name TRW Inc.	139 130 139 130 Non-English specification	0.00				
Charge Any Additional Fee Required	147 2,520 147 2,520 For filing a request for reexamination	0.00				
L Under 37 CFR §§ 1 16 and 1 17	112 920* 112 920* Requesting publication of SIR prior to					
2. Payment Enclosed:	Examiner action	0.00				
Check Money Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	0.00				
FEE CALCULATION	115 110 215 55 Extension for reply within first month	0.00				
1. BASIC FILING FEE	116 380 216 190 Extension for reply within second month	0.00				
Large Entity Small Entity	117 870 217 435 Extension for reply within third month	0.00				
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118 1,360 218 680 Extension for reply within fourth month	0 00				
404 600 304 345 Hillish Sline for	128 1,850 228 925 Extension for reply within fifth month	0.00				
106 310 206 155 Design filing fee 710.00	119 300 219 150 Notice of Appeal	0 00				
107 480 207 240 Plant filing fee	120 300 220 150 Filing a brief in support of an appeal	0 00				
108 690 208 345 Reissue filing fee	121 260 221 130 Request for oral hearing	0 00				
114 150 214 75 Provisional filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding	0.00				
01770701 (1) (2) 710 00	140 110 240 55 Petition to revive - unavoidable	0.00				
SUBTOTAL (1) (\$) 710.00	141 1,210 241 605 Petition to revive - unintentional	0.00				
2. EXTRA CLAIM FEES	142 1,210 242 605 Utility issue fee (or reissue)	0.00				
Fee from Ext <u>ra Claims below Fee Paid</u>	143 430 243 215 Design issue fee	0.00				
Total Claims 18 -20** = 0 × 18 = 0	144 580 244 290 Plant issue fee	0.00				
Independent 3 - 3** = 0 x 80 = 0	122 130 122 130 Petitions to the Commissioner	0.00				
Multiple Dependent =0	123 50 123 50 Petitions related to provisional applications	0.00				
**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	126 240 126 240 Submission of Information Disclosure Stmt	0.00				
Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)					
103 18 203 9 Claims in excess of 20	146 690 246 345 Filing a submission after final rejection	40.00				
102 78 202 39 Independent claims in excess of 3	(37 ČFR § 1.129(a))	0.00				
104 260 204 130 Multiple dependent claim, if not paid	149 690 249 345 For each additional invention to be examined (37 CFR § 1.129(b))	0.00				
109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)	0.00				
110 18 210 9 ** Reissue claims in excess of 20 and over onginal patent	Other fee (specify)	0.00				
SUBTOTAL (2) (\$) 0.00 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00						
SUBMITTED BY Complete (if applicable)						
Name (Pnnt/Type) Robert W. Keller / Registration No. (Attorpey/Agent) 25,347 Telephone 310-812-4910						
Signature Coher Kal	lan Date 6/4	101				

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